**DELIVERY OF MEDICAL CARE AT TAEKWONDO EVENTS**

As part of the overall tournament, it is our responsibility to care for the injured athlete in a timely fashion, deliver medical care efficiently, and avoid delaying the tournament by keeping the athlete in the ring if it is not necessary. Response time to any ring should be immediate upon a referee’s request or medical personnel’s determination that the athlete requires evaluation. If an athlete is to continue fighting, exactly 60 seconds total is allotted for each medical time-out before the fight is resumed or ended. The fighter must be up and in fighting stance at the end of this 60-second time period. This does not include the periods of rest in between the three rounds of fighting. During a medical time out in the ring, it is best to have the athlete up and in fighting stance by the end of 45 seconds. Any excess medical time-out could cause the athlete to be defaulted and forfeit the fight. The head table and center referee will time the time-out and let you know when you have used approximately 45-50 seconds, at which time you need to make a medical decision on whether or not the athlete is able to continue. If electronic screens are used, the time out will be also be displayed on this screen.

For incidences involving blood, you will be given one minute to try to contain the bleeding, but may be allowed an additional 60-second referee time-out, if necessary, but don't count on it. If bleeding cannot be contained, the bleeding athlete forfeits the fight. Use the minimal amount of tape/pad to contain blood or control an injury. Move the athlete to the edge or off the ring (if possible) to minimize blood on the mat.

Fighting will be stopped for any blood, until the blood is properly cleaned up and stopped. While cleaning mats is not technically our job, if asked, please assist in cleaning the mats of blood/bodily fluids. Bleach solution and paper towels should be available at every ring. Please keep gloves on your person at all times and utilize universal precautions whenever dealing with bodily fluids.

When entering the ring identify yourself as **MEDICAL** to the referee, asking to be allowed to come onto the mat before actually stepping onto the mat. **EXCEPTION:** If you determine that there is a **MEDICAL** **EMERGENCY/LIFE THREATENING EVENT**, you may enter the ring immediately. There is a limit of one medical professional and one medical assistant in the ring during a medical time-out. If transport is necessary, summon the paramedic/ambulance team to the mat through the medical coordinator via a preset system explained during your orientation. Only one (two if requested by paramedics) medical personnel will assist the 2-3 member paramedic/ambulance team -- all others should move back off of the mat, and begin the necessary documentation on an Injury Report form and/or return to your post. All athletes who are put on a back board will be boarded with chest protector and helmet if intact when the athlete is examined. All knock outs/head injuries will be treated as cervical spine injuries until this is ruled out. Therefore, the cervical spine should be immobilized as soon as possible, usually by the first medical person on the scene. Anyone not educated in/experienced with spinal stabilization/log rolling/spine boarding, should exempt themselves from being in the ring if at all possible.

If the athlete is stable but cannot continue, default the athlete, remove him/her from the ring, and accompany him/her to the medical triage area. A complete medical history and injury report form should then be completed BY YOU BEFORE LEAVING THE TRIAGE AREA. If you are unable to stay with the athlete, describe the MOI and the injury to one of the medical personnel in the triage area before leaving.

**All knockouts and suspected concussions MUST be evaluated for a minimum of 20 minutes in the Sports Medicine Triage Area and fully documented, to determine if the 30-day out rule will be applied or if transport will be necessary. Proper documentation is to be given to an athlete with a mTBI. Any suspicion of possible negative sequelae should be reported to the head referee for follow up and future determination of the 30 day rule. Report all injuries to the Medical Coordinator and place the athlete’s name/address/phone number on a master list for head injury follow up.**

The medical personnel on site have the final say in the treatment of any athlete. All referees will support the medical personnel’s decision regardless of what the athlete, parents, coaches or masters want.

 **\*\*\* WHEN IN DOUBT - PULL THEM OUT\*\*\***

This is a sport that can cause a knock-out from a kick to the head, so serious injuries can and do happen. The responsibility of whether or not an athlete can continue to compete remains with you. Do not let anyone intimidate you. The athlete’s well-being is of utmost importance.

Please remember that **TREATMENT CANNOT BE FORCED ON ANY ATHLETE UNLESS THEIR CONDITION IS LIFE-THREATENING**. Try to think like the athletes. They have worked hard for months to participate in this Tournament. Be flexible. Athletes will avoid medical personnel if they feel they will not be allowed to compete with a minor injury. Give sound advice regarding the risks involved in fighting with their particular injury. Most of the athletes have good common sense and will make the right decision, and often do compete with minor to moderate injuries, even fractures of the hand and foot.

Also remember though, that children under the age of 12 are more susceptible to a head injury going untreated, leading to more damaging consequences. In the case of a minor athlete, fully explain the injury situation to a responsible adult, preferably a parent/guardian, or their coach. Minor athletes need to have a parent or legal guardian present to receive information.

**We CANNOT pull an athlete from competition due to their unwillingness to continue, such as an athlete that is crying or afraid. We can only make decisions on the medical status of the athlete and whether or not they would be allowed to continue due to injury. If an athlete does not want to continue to fight, and you do not have a medical diagnosis that requires defaulting the athlete, be sure to let the center referee know that the athlete IS ABLE TO CONTINUE. If the athlete then** w**ithdraws, it is not a medical disqualification.**

**If any athlete refuses medical care and/or transport to the Emergency Room/Hospital, or competes against medical advice, they, or their parent/legal guardian, will need to sign off on the “Against Medical Advice (AMA)” form. If the athlete or their parent/legal guardian further refuses to sign the AMA form, the medical personnel must complete the “Patient Refuses to Sign AMA” form.**

**Knock-out Rule:** If an athlete is knocked unconscious and is deemed to have sustained a concussion, or sustains a concussion with symptoms lasting longer than 20 minutes, that athlete cannot compete in taekwondo for 30 days, including the day of the competition. An injury form must be completed with full neurologic evaluation (including SCAT 3, Glascow Coma Scale, and Cranial Nerve Tests) and a signature obtained from a responsible adult who will remain with the athlete, before releasing the athlete. At this time the 30-day-out rule must be explained. If the athlete needs further evaluation or care, we will transport by paramedics to the nearest medical facility. If the athlete is counted out in the ring with no loss of consciousness (TKO), the athlete may compete in the next fight, if eligible and IF released by medical with no neurological deficits and NO SYMPTOMS. In either case, the athlete must be evaluated in the medical triage area and a full formal head injury report completed.

**Typical Taekwondo Injuries**

Abrasions

Head/Cervical Spine Injuries

Lacerations

Eye Injuries -- Rare

Contusions

Trunk/Abdominal Injuries

Sprain/Strains

Genital Injuries

Facial Injuries

Fractures & Dislocations -- especially the digits

Nasal Injuries -- very common

Lingering or Transient Unconsciousness

**Athletic Taping (WTF Rules/Guidelines)**

It is not common for the younger athletes to need to be taped. They are simply not accustomed to it. The older athletes, however, will need various taping of the ankle, foot, toes, wrists, and hands.

There are several rules in which we must operate when taping these athletes:

\*\* All outer layers of athletic tape must be **white and non-abrasive**

\*\* If elastikon or elastic tape is used, it must be covered with at least a layer of white tape as it is considered abrasive

\*\* Only **two layers of white tape** are allowed on the forefoot/instep and ankle or any striking area of the body of the athletes. This means you must eliminate use of stirrups and horseshoes in order to accommodate the rule with taping an ankle

\*\* No hard substances (metal, plastic, etc.) are to be used at any time anywhere on the body, including in knee braces

\*\* No shoestrings, hinges, etc. are allowed on braces -- **only neoprene**

**\*\* All braces have to be inspected and be stamped approved by medical**

\*\* Do not put any tape on the balls of the feet or the heels, unless asked to do so by the athlete, as it causes the athlete to slip

\*\*Taping of the hand/wrist –

 NO BOXER’S TAPING, no hard substances, no tape across all of the knuckles

 tape wrist and thumb to comfort, hand only to be taped if injured and cannot compete without it

o NO TAPING OF ALL KNUCKLES, singular knuckles is approved

o NO ABRASIVE TAPE, such as elastikon can be visible, only white

o No excessive taping of wrist or hand -- minimally necessary to compete

\*\* There are no stipulations for padding or taping on any other part of the body except the foot & hand -- pad/tape to the athlete’s comfort for the injury with the minimally necessary tape/pad to contain or protect an injury. Do not overtape though, as they will not be allowed to compete with excessive tape or padding.

\*\* **ALL** tape jobs, no matter how small, **must have a medical signature** across the tape from the Medical Staff

\*\*All dental braces must have an approved mouth piece, no exceptions

\*\* Use the least amount of tape which is medically necessary for the athlete to continue competing with their injury, nothing extra

If you have any questions or concerns about properly taping or padding an athlete, or about a brace, please don’t hesitate to ask the Medical Coordinator.